

Chapter 11 (Jointly Administered)

Court - Bankruptcy Court District of Delaware

Debtor - FTX Trading LTD

Case # 22-11068 JTD

* Overstated Claim / Proof included

CLAIM # 90524

To: Pitcher II, Timothy L

In re: FTX Trading, Ltd., et. al.

Case No. 22-11068 (JTD)

United States Bankruptcy Court for the District of Delaware

Proof

Filed on 2022 Taxes Pages 5 & 6

* Called income 609⁰⁴

KROLL RECEIVED YOUR PROOF OF CLAIM

This serves as confirmation that the proof of claim form you submitted in connection with the FTX Trading, Ltd. jointly administered chapter 11 bankruptcy cases has been received by Kroll Restructuring Administration LLC ("Kroll") on Monday, January 8, 2024.

Your claim has been assigned claim number 90524.

Please **do not** discard this letter as you may need to refer to it in the future.

The processing of your claim by Kroll and your receipt of this letter is not an acknowledgement of the validity, nature or amount of your claim.

Timothy Lee Pitcher II

3628 W. Kipp Rd

MASON, Mich 48854

(517) 402-1016 Cell

(517) 393-4800 Work

(517) 393-4806 FAX

TThePoolMAN@yahoo.com

CLERK
US BANKRUPTCY COURT
DISTRICT OF DELAWARE

2024 NOV 13 AM 11:21

RECEIVED

* Response To Objection

Wallet



Q Search wallet

\$5,439.61

Total earned ⓘ
\$488.76

-\$1,304.52



1D

1W

1M

1Y



Deposit Funds

Send

All

Crypto

Stocks

NFTs

Fiat

US Dollar
USD

\$71.27



Invest



Wallet



More

Screen shot of my Phone

Fill in this information to identify the case (Select only one Debtor per claim form):

Debtor: _____

Case Number: _____

Modified Official Form 410

Proof of Claim

04/22

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense (other than a claim entitled to priority under 11 U.S.C. § 503(b)(9)). Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. Who is the current creditor?

TIMOTHY L. PITCHER II
 Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor _____

2. Has this claim been acquired from someone else?

☒ No

☐ Yes. From whom? _____

3. Where should notices and payments to the creditor be sent?

Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

Where should notices to the creditor be sent?

TIMOTHY L. PITCHER II
 Name
3628 W. KIPP RD
 Number Street
MASON MICHIGAN 48854
 City State ZIP Code

Where should payments to the creditor be sent? (if different)

SAAR
 Name
 Number Street
 City State ZIP Code

Contact phone

(517) 402-1016

Contact phone

Contact email

TThePOOLMAN@yahoo.com

Contact email

4. Does this claim amend one already filed?

☒ No

☐ Yes. Claim number on court claims registry (if known) _____

Filed on

MM / DD / YYYY

5. Do you know if anyone else has filed a proof of claim for this claim?

☒ No

☐ Yes. Who made the earlier filing? _____

Part 2: Give Information About the Claim as of the Date the Case Was Filed

| | |
|--|---|
| 6. Do you have any number you use to identify the debtor? | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____ |
| 7. How much is the claim? | \$ <u>6,744.13</u> |
| Does this amount include interest or other charges? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A). | |
| 8. What is the basis of the claim? | Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information. <div style="text-align: center; font-size: 1.2em; font-family: cursive;"> <u>Attached SAME BANKRUPTCY Filing</u> </div> |
| 9. Is all or part of the claim secured? | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property. Nature of property: <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> . <input type="checkbox"/> Motor vehicle <input checked="" type="checkbox"/> Other. Describe: <u>MONEY</u> |
| Basis for perfection: Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.) | |
| Value of property: \$ <u>6744.13</u> | |
| Amount of the claim that is secured: \$ <u>6744.13</u> | |
| Amount of the claim that is unsecured: \$ <u>6744.13</u> (The sum of the secured and unsecured amounts should match the amount in line 7.) | |
| Amount necessary to cure any default as of the date of the petition: \$ <u>6744.13</u> | |
| Annual Interest Rate (when case was filed) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable | |
| 10. Is this claim based on a lease? | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____ |
| 11. Is this claim subject to a right of setoff? | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____ |

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

☒ No

☐ Yes. Check one:

☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

☐ Up to \$3,350* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).

☐ Wages, salaries, or commissions (up to \$15,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).

☐ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).

☐ Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).

☐ Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.

Amount entitled to priority

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

* Amounts are subject to adjustment on 4/01/25 and every 3 years after that for cases begun on or after the date of adjustment.

13. Is all or part of the claim entitled to administrative priority pursuant to 11 U.S.C. § 503(b)(9)?

☒ No

☐ Yes. Indicate the amount of your claim arising from the value of any goods received by the Debtor within 20 days before the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim.

\$ _____

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

☒ I am the creditor.

☐ I am the creditor's attorney or authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 01/02/2024
MM / DD / YYYY

Timothy F. Pitcher II
Signature

Name of the person who is completing and signing this claim:

Name

Timothy
First name

Lee
Middle name

Pitcher II
Last name

Title

Company

Identify the corporate servicer as the company if the authorized agent is a servicer.

Address

3628 W. Kipp Rd
Number Street

MASON
City

Mich.
State

48911
ZIP Code

Contact phone

(517) 402-1016

Email

TThePitcher@Yahoo.com

| | | | | |
|--|-------------------------------|--|--|---|
| PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. WEST REALM SHIRES SERVICES, INC P.O. BOX 591549 HOUSTON, TX 77259 713-489-5530 | | 1 Rents \$ | OMB No. 1545-0115 Form 1099-MISC (Rev. January 2022) For calendar year 20 <u>22</u> | Miscellaneous Information |
| | | 2 Royalties \$ | | |
| | | 3 Other income \$ 609.04 | 4 Federal income tax withheld \$ 0.00 | |
| Copy B For Recipient | | | | |
| PAYER'S TIN [REDACTED] | RECIPIENT'S TIN [REDACTED] | 5 Fishing boat proceeds \$ | 6 Medical and health care payments \$ | This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported. |
| RECIPIENT'S name TIMOTHY PITCHER II Street address (including apt. no.) 3628 W. KIPP RD. City or town, state or province, country, and ZIP or foreign postal code MASON, MI 48854 | | 7 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/> | 8 Substitute payments in lieu of dividends or interest \$ | |
| | | 9 Crop insurance proceeds \$ | 10 Gross proceeds paid to an attorney \$ | |
| | | 11 Fish purchased for resale \$ | 12 Section 409A deferrals \$ | |
| Account number (see instructions) [REDACTED] | | 13 FATCA filing requirement <input type="checkbox"/> | 15 Nonqualified deferred compensation \$ | |
| | | 14 Excess golden parachute payments \$ | 16 State tax withheld \$ | |
| | | 17 State/Payer's state no. MI | 18 State income \$ 609.04 | |

Form **1099-MISC** (Rev. 1-2022) (keep for your records) www.irs.gov/Form1099MISC Department of the Treasury - Internal Revenue Service

Filed 2022 TAXES WRONG AMOUNT
NEXT PAGE - 488?

Instructions for Recipient

Recipient's taxpayer identification number (TIN). For your protection, this form may show only the last four digits of your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN). However, the payer has reported your complete TIN to the IRS.

Account number. May show an account or other unique number the payer assigned to distinguish your account.

Amounts shown may be subject to self-employment (SE) tax. Individuals should see the Instructions for Schedule SE (Form 1040). Corporations, fiduciaries, or partnerships must report the amounts on the appropriate line of their tax returns.

Form 1099-MISC incorrect? If this form is incorrect or has been issued in error, contact the payer. If you cannot get this form corrected, attach an explanation to your tax return and report your information correctly.

Box 1. Report rents from real estate on Schedule E (Form 1040). However, report rents on Schedule C (Form 1040) if you provided significant services to the tenant, sold real estate as a business, or rented personal property as a business. See Pub. 527.

Box 2. Report royalties from oil, gas, or mineral properties; copyrights; and patents on Schedule E (Form 1040). However, report payments for a working interest as explained in the Schedule E (Form 1040) instructions. For royalties on timber, coal, and iron ore, see Pub. 544.

Box 3. Generally, report this amount on the "Other income" line of Schedule 1 (Form 1040) and identify the payment. The amount shown may be payments received as the beneficiary of a deceased employee, prizes, awards, taxable damages, Indian gaming profits, or other taxable income. See Pub. 525. If it is trade or business income, report this amount on Schedule C or F (Form 1040).

Box 4. Shows backup withholding or withholding on Indian gaming profits. Generally, a payer must backup withhold if you did not furnish your TIN. See Form W-9 and Pub. 506 for more information. Report this amount on your income tax return as tax withheld.

Box 5. Shows the amount paid to you as a fishing boat crew member by the operator, who considers you to be self-employed. Self-employed individuals must report this amount on Schedule C (Form 1040). See Pub. 334.

Box 6. For individuals, report on Schedule C (Form 1040).

Box 7. If checked, consumer products totaling \$5,000 or more were sold to you for resale, on a buy-sell, a deposit-commission, or other basis. Generally, report any income from your sale of these products on Schedule C (Form 1040).

Box 8. Shows substitute payments in lieu of dividends or tax-exempt interest received by your broker on your behalf as a result of a loan of your securities. Report on the "Other income" line of Schedule 1 (Form 1040).

Box 9. Report this amount on Schedule F (Form 1040).

Box 10. Shows gross proceeds paid to an attorney in connection with legal services. Report only the taxable part as income on your return.

Box 11. Shows the amount of cash you received for the sale of fish if you are in the trade or business of catching fish.

Box 12. May show current year deferrals as a nonemployee under a nonqualified deferred compensation (NQDC) plan that is subject to the requirements of section 409A plus any earnings on current and prior year deferrals.

Box 13. If the FATCA filing requirement box is checked, the payer is reporting on this Form 1099 to satisfy its account reporting requirement under chapter 4 of the Internal Revenue Code. You may also have a filing requirement. See the Instructions for Form 8938.

Box 14. Shows your total compensation of excess golden parachute payments subject to a 20% excise tax. See your tax return instructions for where to report.

Box 15. Shows income as a nonemployee under an NQDC plan that does not meet the requirements of section 409A. Any amount included in box 12 that is currently taxable is also included in this box. Report this amount as income on your tax return. This income is also subject to a substantial additional tax to be reported on Form 1040, 1040-SR, or 1040-NR. See the instructions for your tax return.

Boxes 16-18. Show state or local income tax withheld from the payments.

Future developments. For the latest information about developments related to Form 1099-MISC and its instructions, such as legislation enacted after they were published, go to www.irs.gov/Form1099MISC.

Free File Program. Go to www.irs.gov/FreeFile to see if you qualify for no-cost online federal tax preparation, e-filing, and direct deposit or payment options.

48876

FTX 1099. ADMIN@FTX.US